

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2						
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Total Indep			2			
Total Depend			15			
Total Claims			17			

Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep					
Total Depend					
Total Claims					

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